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ДУ «ЦЕНТРАЛЬНИЙ МЕТОДИЧНИЙ КАБІНЕТ
З ВИЩОЇ МЕДИЧНОЇ ОСВІТИ МОЗ УКРАЇНИ»
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АКТУАЛЬНІ ПИТАННЯ ВИЩОЇ МЕДИЧНОЇ ОСВІТИ В УКРАЇНІ

**(з дистанційним під'єднанням ВМ(Ф)НЗ України
за допомогою відеоконференц-зв'язку)**

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MODERNIZATION OF THE INTRODUCTION OF THE COMPETENCE APPROACH IN HIGHER MEDICAL EDUCATION

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Introduction. The main task of the higher school is the formation of a well trained specialist who has a solid theoretical basis, is able to apply knowledge in practice, capable of self-improvement and self-control. This is especially important in the medical sphere, where the further human life depends on the timely and appropriate decision. The specificity of competence education is that the knowledge not offered is prepared by someone, and the one who learns himself formulates the concepts necessary for solving the problem. In this approach, educational activity, periodically acquiring a research or practical transformational character, becomes itself the subject of assimilation.

Main part. In the framework of the Bologna process, our country has committed itself to joining the basic principles of organization of a single educational space, including the presentation of the results of vocational education in a competent format. The implementation of this idea should ensure the growth of professional mobility between countries through the use of currency in the form of professional competences. Competences differ from knowledge, skills and abilities. Unlike knowledge, competencies are activities, and not just information about it. From abilities – those competences can be applied to solving various tasks. From skills – that they are conscious and non-automated, that allows a person to act not only in a typical situation, but also in non-standard. Competent is called the one who has solid knowledge in a certain field; clever; who has certain powers; sovereign.

To analyze the real situation in an educational institution and to predict its further activity allows monitoring of key competencies within the framework of the program of monitoring the quality of education, which provides for phased activities:

– first stage – diagnostic and prognostic (study of the problem, the level of formation of competencies); second

stage – modeling of the implementation and monitoring system (specific actions, plans, monitoring and evaluation of activities and outputs at different stages); third stage – Definition of effectiveness (is to evaluate both the system of implementation and monitoring, and the quality of the final result).

The task of the teacher lies not only in the professional teaching of the necessary material, but also in the training of students for the organization of independent active activities, the development of creative attitude to the tasks, independent thinking, analysis of the work performed. Obtaining a positive final result in training involves periodic monitoring of its achievements at certain stages of this process. Normative result of the formation of the student's competence should also include control over the sequence of its formation, with the definition of requirements to the level of formation of competence of the student at each stage of the educational process.

Conclusion. Thus, to date, there is no generally accepted definition of the term "competence", but a single semantic field of the concept of competence has been developed, which contains an understanding that competence: refers to the student's personality; not limited to knowledge, skills and abilities, though manifested in them; can be diagnosed in the student's learning activities. Therefore, the important directions of the management of the educational process should be the development and implementation of interactive technologies in the process of training and strengthening the expert assessment of the level of formation of key competencies.

Literature

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CLINICAL ANATOMY AND OPERATIONAL SURGERY TEACHING FEATURES IN STUDENTS OF 2 COURSES OF MEDICAL FACULTY OF KHARKIV NATIONAL MEDICAL UNIVERSITY

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Introduction. In the doctors studying process for both surgical and general profile, knowledge of discipline "Clinical anatomy and operative surgery" is important, which is a morphological basis for understanding of diagnostic procedures and interpretation of the received data, as well as performing surgical interventions at different parts of the human body. Knowledge of topographic and anatomical features causes prevention and prevention of complications during the provision of medical care to the patient, including urgent. Knowledge of topographic features of the location of the vessels and nerves, as well as fascia and cellular spaces, help anesthesiologists to access the anesthetic, and surgeons – to determine the ways of spreading purulent-inflammatory processes in different parts of the body.

Results. Clinical anatomy and operative surgery is given to the students of the medical faculty of the Kharkiv National Med-

ical University in accordance with the curriculum for the training of specialists of the second educational qualification level "Master" in the field of knowledge 22 "Health" of the Ministry of Health of Ukraine Ministry of Health by specialty 222 "Medicine", 2016, Kyiv, on the 2nd year in the 4th semester. The program includes 30 hours of practical classes, 10 hours of lectures and 50 hours of self-assessment work. Thematic plans of practical, lectures and themes for self-assessment work are compiled in accordance with the work program of discipline for students of higher medical education schools, specialty 222 "Medicine". The thematic plan of lectures consists of the following topics: "Introduction to clinical anatomy and surgical surgery", "Clinical anatomy and operative surgery of the brain and facial sections of the head", "Clinical anatomy and operative surgery of the sites and organs of the neck and the walls of the chest", "Clinical anatomy and operative surgery of the lungs and organs of the mediastinum,

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